

## SYMPTOM CHECKLIST

Have you observed any of the following symptoms with your child and/or have they reported any of them to you? Please mark the symptoms that occur frequently with two checks and those that occur occasionally with one check.

1. \_\_\_ Skips lines while reading or copying
2. \_\_\_ Loses place while reading or copying
3. \_\_\_ Skips words while reading or copying
4. \_\_\_ Substitutes words while reading or copying
5. \_\_\_ Rereads words or lines
6. \_\_\_ Reverses letters, numbers or words
7. \_\_\_ Uses a finger or marker to keep place while reading/writing
8. \_\_\_ Reads very slowly
9. \_\_\_ Poor reading comprehension
10. \_\_\_ Difficulty remembering what has been read
11. \_\_\_ Holds head too close when reading/writing (within 7-8 in.)
12. \_\_\_ Squints, closes, or covers one eye while reading
13. \_\_\_ Unusual posture/head tilt when reading/writing
14. \_\_\_ Headaches following intense reading/computer work
15. \_\_\_ Eyes hurt or feel tired after completing a visual task
16. \_\_\_ Feels unusually tired after completing a visual task
17. \_\_\_ Double vision
18. \_\_\_ Vision blurs at distance when looks up from near work
19. \_\_\_ Have crooked or poorly spaced
20. \_\_\_ Print seems to move or go in and out of focus when reading
21. \_\_\_ Poor spelling skills
22. \_\_\_ Notice that letters or lines “run together” or words “jump” when reading
23. \_\_\_ Misaligns letters or numbers
24. \_\_\_ Makes errors copying
25. \_\_\_ Difficulty tracking moving objects
26. \_\_\_ Unusual clumsiness, poor coordination
27. \_\_\_ Difficulty with sports involving good eye-hand coordination
28. \_\_\_ Eye turns in or out
29. \_\_\_ Sees more clearly with one eye than the other
30. \_\_\_ Feels sleepy while reading
31. \_\_\_ Dislikes tasks requiring sustained concentration
32. \_\_\_ Avoids near tasks such as reading
33. \_\_\_ Confuses right and left directions
34. \_\_\_ Becomes restless when working at his/her desk
35. \_\_\_ Tends to lose awareness of surroundings when concentrating
36. \_\_\_ Must “feel” things to see them
37. \_\_\_ Carsickness
38. \_\_\_ Unusual blinking
39. \_\_\_ Unusual eye rubbing
40. \_\_\_ Dry eyes
41. \_\_\_ Watery eyes
42. \_\_\_ Red eyes
43. \_\_\_ Eyes bothered by light

### Scoring

Score 3 points each for items #1-30

Score 2 points each for items #31-37

Score 1 point each for items #38-43

### Criteria

Student(s) scoring 15+ points:

15-20= Possible functional vision problems.

20-30= Probable functional vision problems.

Over 30= Definite functional vision problems.

**15+ points:**  
Consult Dr. Myers.



**For further information please call:**

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